

ERENCE & ASSOCIATES  
*Amendment Transmittal*

Atty. Docket No. FR919990071US1  
(\$90.106)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Blanchard et al.  
 Serial No. : 09/863,920 Examiner : Daniel S. Felton  
 Filed : May 23, 2001 Group Art Unit : 3624  
 For : SYSTEM AND METHOD FOR STOCK OPTIONS MARKET  
 MANAGEMENT

HON. COMMISSIONER OF PATENTS AND TRADEMARKS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1.  Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

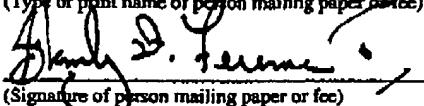
2.  In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3.  Small Entity status of this application has been established by a verified statement previously submitted.

4.  A verified statement to establish Small Entity status is enclosed.

**CERTIFICATE OF TRANSMITTAL UNDER 37 CFR § 1.8(a)**

I hereby certify that this correspondence and any referred to as being attached or enclosed therewith is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 872-9326 on September 15, 2003.

Stanley D. Reference III  
 (Type or print name of person mailing paper or fee)  
  
 (Signature of person mailing paper or fee)

09863,921  
 09/26/2003 SWILLIAN 00000002 500510  
 01 FC:2253 465.00 DA

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Atty. Docket No. FR919990071US1  
 (590,106)

5.  Also enclosed: Change in Correspondence Address; Completed Credit Card Form

6.  No additional filing fee is required.

7.  The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
	14	** 20	= * 0	RATE	Fee		RATE	Fee	
Total Claims				x	\$9	=	O	x	\$18
Ind. Claims	3	*** 3	= * 0	x	\$42	=	O	x	\$84
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$140	=	O	+	\$280
						<b>TOTAL</b>	= \$	O	<b>TOTAL</b> = \$0
							R		

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8.  Applicant encloses herewith a check for \$\_\_\_\_ to cover the filing fee.

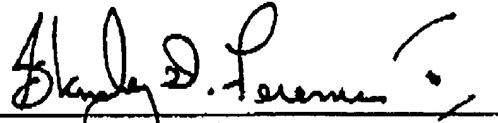
9.  Attached hereto is a completed Credit Card Payment Form. Please charge the credit card identified thereon in the amount of \$\_\_\_\_ to cover the filing fee required under 37 CFR 1.17(e).

10.  The Commissioner is hereby authorized to charge the \$\_\_\_\_ filing fee to Deposit Account No. 50-0510.

11.  The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

**FERENCE & ASSOCIATES**

By   
 Stanley D. Ference III  
 Reg. No. 33,879

Dated: September 15, 2003

Mailing Address:

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